

INTERNET
FORM NLRB-502
(2-08)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
PETITION

FORM EXEMPT UNDER 44 U.S.C.

DO NOT WRITE IN THIS SPACE

Case No. 19-RD-3891 Date Filed 4/1/11

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1. PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)
- ☐ RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.
 - ☐ RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
 - ☒ RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
 - ☐ UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
 - ☐ UC-UNIT CLARIFICATION - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) ☐ In unit not previously certified. ☐ In unit previously certified in Case No. _____
 - ☐ AC-AMENDMENT OF CERTIFICATION - Petitioner seeks amendment of certification issued in Case No. _____ Attach statement describing the specific amendment sought.

2. Name of Employer: **Chugach Federal Solutions Inc.** Employer Representative to contact: **Michael Mott** Tel. No. **907-261-0428**

3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): **100 Sibac St. P.O. Box 595 King Salmon Alaska. 99613** Fax No. **907-563-8402**

4a. Type of Establishment (Factory, mine, wholesaler, etc.): **DEFENSE CONTRACTOR** 4b. Identify principal product or service: **LABOR SERVICE FOR THE DEPT OF DEFENSE** Cell No. _____ e-Mail: **m.mott@chugach-fs.com**

5. Unit involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) 6a. Number of Employees in Unit: **18**

Included: **ALL the employees who were covered under the Teamsters 959 Employer** Present: **18**

Excluded: **ALL the other employees / guards / supervisors in the ACT** Proposed (By UC/AC): _____

6b. Is this petition supported by 30% or more of the employees in the unit? ☒ Yes ☐ No (Not applicable in RM, UC, and AC)

(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)

7a. ☐ Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).

7b. ☐ Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8. Name of Recognized or Certified Bargaining Agent (If none, so state.): **Teamsters Local 959** Affiliation: **NIA**

Address: **520 EAST 34TH AVE** Tel. No. **907-565-8258** Date of Recognition or Certification: **UNKNOWN**

Anchorage Alaska. 99503 Cell No. **907-565-8195** Fax No. _____ e-Mail: _____

9. Expiration Date of Current Contract, if any (Month, Day, Year): **NIA** 10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year): _____

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes ☐ No ☒ 11b. If so, approximately how many employees are participating? **NIA**

11c. The Employer has been picketed by or on behalf of (Insert Name) _____, a labor organization, of (Insert Address) _____ Since (Month, Day, Year) _____

12. Organizations or individuals other than Petitioner (and other than those named in Items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in Item 5 above. (If none, so state)

Name	Address	Tel. No.	Fax No.

(b) (6), (b) (7)(C) organization, give full name, including local name and number) **AN INDIVIDUAL**

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)

I declare that I have read the above petition and that the statements are true to (b) (6), (b) (7)(C)

Name (Print) (b) (6), (b) (7)(C) Sig (b) (6), (b) (7)(C) Title (if any)

Address (street) (b) (6), (b) (7)(C) Cell No. (b) (6), (b) (7)(C) Fax No. (b) (6), (b) (7)(C) e-Mail (b) (6), (b) (7)(C)

WITNESSE THESE STATEMENTS ON THIS PETITION CAN BE FORWARDED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



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NATIONAL LABOR RELATIONS BOARD
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Facsimile: (206) 220-6305
Agency Web Site: <http://www.nlr.gov>

April 7, 2011

Chugach Federal Solutions, Inc.
Attn: Elizabeth Hansen
3800 Centerpoint Dr, Suite 601
Anchorage, AK 99503-5826

**Re: Chugach Federal Solutions, Inc.
Case 19-RD-3891**

Dear Ms. Hansen:

This is to advise you that the petition in the above matter has been withdrawn with my approval. The Notice of Hearing previously issued is hereby withdrawn.

Sincerely,

A handwritten signature in black ink, reading "Richard L. Ahearn".

Richard L. Ahearn
Regional Director

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cc: Chugach Federal Solutions, Inc
Attn: Michael Mott
100 Silver St
PO Box 595
King Salmon, AK 99613-0595

(b) (6), (b) (7)(C)

A large black rectangular redaction box covering several lines of text.

Teamsters Local 959
Attn: Nancy Shaw
520 E 34th Ave
Anchorage, AK 99503-4164